## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

|  |  | CLAIMS AS                                  | FILED - Folumn 1) | PART I<br>(Colu                             | mn 2)                                   | SMALL E             | a Louisian             | OR                            | OTHER<br>SMALL!     | THAN.                  |
|--|--|--|-------------------|---|---|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| FOR  |  | NUMBE                                      | R FILED           | NUMBER                                      | EXTRA .                                 | RATE                | FEE                    |                               | RATE                | FEE.                   |
| BAS  | SIC FEE  |  |                   |   |   |                     | 345.00                 | OR                            |                     | 690.00                 |
| тот  | AL CLAIMS  | 3  | minus 20          | 0= * / [                                    |   | X\$ 9=              | 99                     | OR                            | X\$18=              |                        |
| INDE   | EPENDENT CLA   | IMS .                                      | minus 3           | 1= 2  |   | X39=                | 78                     | OR                            | X78=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |                   |   | ·                                       | +130=               |                        | OR                            | +260= *             |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |                   |   |   | TOTAL               | 520                    | OR                            | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |  |                   |   |   | SMALL I             | ENTITY                 | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                        | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATÉ                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | <b>3</b>                                   | Minus             | **  | =                                       | X\$ 9=              |                        | OR                            | X\$18=              | • •                    |
| ME   | Independent  |  | Minus             | ***   | =                                       | X39=                |                        | OR                            | X78=                |                        |
| H  | FIRST PRESEÑ   | TATION OF MU                               | JLTIPLE DEP       | ENDENT CLAIM                                |   | +130=               |                        | OR                            | +260=               |                        |
|  |  |  |                   | • 4   |   | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT, FEE |                        |
|  | 6  | (Column 1)                                 |                   | (Column 2)                                  | (Column 3)                              | ADDIT. I EE         |                        | •                             | ,                   |                        |
| NT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                        | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| DMC  | Total  | *  | Minus             | **  | =                                       | X\$ 9=              | •                      | OR                            | X\$18=              |                        |
| AMENDMENT  | Independent  | *  | Minus             | ***   | =                                       | X39=                |                        | OR                            | X78=                | 3                      |
| F  | FIRST PRESE  | NTATION OF M                               | ULTIPLE DEF       | PENDENT CLAIN                               | 1                                       | +130=               |                        | OR                            | +260=               |                        |
|  | ,  | *  |                   |   |   | TOTAL<br>ADDIT. FEE |                        | 1,,,                          | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                 |                   | (Column 2)                                  | (Column 3)                              | ADDIT. FEE          |                        |                               |                     |                        |
| AMENDMENT C  | A STATE OF THE STA | CLAIMS<br>REMAINING<br>VAFTER<br>AMENDMENT |                   | HIGHEST<br>NÜMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                        | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  |  | Minus**           | **  | =                                       | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|  | Independent  | •  | Minus             | ***   | =                                       | X39=                |                        | OR                            | X78=                | <u> </u>               |
| 1  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                   |   |   | <u> </u>            |                        | 1 ·                           | <b></b>             | <del> </del>           |
|  | M. M   | 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1    | the estate sale   | mp of write "O" in a                        | volumn 3                                | +130=               |                        | OR                            | +260=               | <u> </u>               |
| 3  | If the entry in colur If the "Highest Nur  | nber Previously F                          | Paid For IN TH    | S SPACE is less th                          | nan 20, enter "20."                     | ADDIT. FEE          |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
| <b>,</b> "   | *If the "Highest Nu  | mper Previously h                          | raid For IN IH    | r Indopendent) is t                         | iaii 3, biilbi" 3.<br>na hidhest niimhe | r found in the an   | nropriate bo           | ox in co                      | lumn 1.             |                        |